MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046293
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 3

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 10 1963

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jackson
Length of stay in 1b: 53 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6 Mi. North of Lawson, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: 6 Mi. North of Lawson
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Delbert Middle: Anderson Last: Shanks

4. DATE OF DEATH: Month: Dec, Day: 26, Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/10/1888

9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Clay, Co.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Shanks

13b. MOTHER'S MAIDEN NAME: Ella Waers

14. NAME OF HUSBAND OR WIFE: Stella Shanks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of servic): ----------

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Clyde Shanks, Lawson, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): decompensation
DUE TO (c): Hypertension — 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 14 - 1959, to Dec 26-62 and last saw him alive on Dec 26-62
Death occurred at 2 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. D. Runes M.D.

22b. ADDRESS: Cameron Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/28/1962

23c. NAME OF CEMETERY OR CREMATORY: Lathrop

23d. LOCATION (City, town, or county) (State): Lathrop, Missouri

24. FUNERAL DIRECTOR ADDRESS: Jarman Funeral Home, Lawson, Mo.

25. DATE RECD. BY LOCAL REG.: 1-6-1963

26. REGISTRAR'S SIGNATURE: Mary W Scearce

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0250		
2	0250		
3	1		
4	0		
5	1		
6			
7	0		
8	0		
9	444X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or ~~by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lindsey Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.